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AUTHOR Fouts, Gregory T.
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ABSTRACT

This paper presents a study designed to produce a change in the behavior and self-esteem of a 9-year-old boy who had been diagnosed as having learning disabilities and poor visual-motor ability. The boy was described by his teachers as having a very short attention span and as exhibiting disruptive behaviors, such as ignoring teacher requests, verbal opposition, throwing objects at the teacher, and verbal threats. To modify disruptive behaviors, the aid of the child was enlisted in the preparation of videotape on "working hard at school." A complex self-modeling technique was employed which involved a combination of modeling by the teacher, instructions and reinforcement from the teacher, reinforcement from peers, and vicarious reinforcement. It was expected that the combination of these behavior change variables would produce a change in behavior, and as a result, an improvement in self-esteem. The self-esteem inventory was administered to the child as a pre- and posttest. (CS)

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THE EFFECT OF SELF-MODELING ON BEHAVIOR AND SELF-ESTEEM

Gregory T. Fouts

University of Calgary

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The purpose of this study was to produce a change in behavior and self-esteem in a nine-year-old boy, who had been diagnosed as having moderate learning disabilities and poor visual-motor ability. His teachers described him as having a very short attention span and as exhibiting the following disruptive behaviors: oppositional behavior (e.g., ignoring teacher requests, verbal opposition) and aggression toward the teacher (e.g., throwing objects at the teacher, verbal threats). In the last three years, S had received a variety of therapeutic procedures, including behavior modification, with little improvement. To modify his disruptive behaviors, a complex self-modeling technique was employed which involved a combination of modeling by the teacher, instructions and reinforcement from the teacher, self-modeling, reinforcement from his peers, and vicarious reinforcement. It was expected that the combination of these behavior-change variables would produce a change in his behavior, and as a result, an improvement in evaluation of himself, i.e., self-esteem.

Method

The child was first given a self-esteem inventory (Coopersmith, 1967) consisting of 58 items to which he verbally responded either "Yes, that's true for me" or "No, that's not me" (this was a slight change in the usual procedure). For the next two consecutive school days (one hour per day), he was observed by a trained observer (through a one-way mirror) while in a one-to-one relation with his teacher in order to obtain a

baseline of oppositional behaviors (verbal, ignoring of teacher requests, moving away from the teacher when requests were made), teacher aggression (hitting, throwing objects at the teacher, statements such as "I hate you") and cursing. Following the baseline, the child was asked if he would like to help make a television program on "how to work hard at school," to which he responded enthusiastically. For the next three school days, his behavior was videotaped within the school. The taping sessions involved (a) the teacher instructing and demonstrating how to work on academic tasks (e.g., word rhyming, number concepts, peg board designs), and (b) the child receiving lavish praise and candy rewards from the teacher and personnel making the video tape for complying to the teacher's requests and concentrating on the tasks. During this period, the child's attention span increased from less than 5 minutes to approximately one-half hour. The videotape was then edited so that only appropriate behaviors, the stimulus conditions producing the behaviors, and the reward conditions were included. The tape also contained activities that he readily enjoyed, e.g., hanging from a parallel bar, climbing a ladder. The duration of the tape was 15 minutes.

The tape was shown three times a week for two weeks. The child was always given a choice of observing the tape in the presence of the teacher, teacher and TV personnel, or teacher, TV personnel and peers. During exposure to the tape, the teacher and TV personnel pointed out the behaviors on the TV program and praised him for doing so well. When his peers were present, the teacher and TV personnel encouraged his peers' interest and rewards by saying, for example, "Isn't _____ working hard?" -- to which they would typically respond positively. The child was observed on days

when he did not watch the video tape in a manner identical to the baseline. After two weeks of self-modeling, the self-esteem inventory was readministered by the TV personnel (the same person).

Results and Discussion

Behavior ratings showed (a) a marked decrease in oppositional behaviors, i.e., from an average in the baseline of 4/hour to .3/hour; (b) a moderate decrease in teacher aggression, i.e., from .5/hour to .0/hour; and (c) a small increase in cursing, i.e., from 2/hour to 2.3/hour. There was a marked decrease in self-esteem (of the 19 items which showed a change in direction, 15 showed a decrease in self-esteem). This decrease in self-esteem is consistent with the increase in cursing, since the latter usually took the form of being directed either at the situation or himself.

The decrease in oppositional and aggressive behaviors provide evidence that behavior changes can be produced by the production and observation of a TV program which contains a child's best behaviors (self-modeling) and reinforcements (vicarious and direct). The decrease in self-esteem may be due to the fact, that although he was improving, the disparity between the modeling stimulus and his own behavior led him to devalue himself, since he had not fully reached the ideal self-model, i.e., the dissimilarity is negatively valued (e.g., Parton & Fouts, 1969; Fouts, Waldner & Watson, 1974). It would be expected that if he continued to improve, his self-esteem would improve and eventually surpass his previous level of self-esteem, since the disparity between his modeled and actual behaviors would be decreasing and he would be receiving more positive responses from his teachers and peers. Thus, the decrease in self-esteem may be a transitional phenomenon which

indicates the progress of the self-modeling technique. An interesting question for future research is whether the disparity between modeled and actual behavior facilitates improvement (e.g., through motivating a child to improve), or hinders improvement (e.g., through discouraging him). The latter would indicate the necessity of working directly on self-esteem (which, in this study, was done after the procedures were terminated) while continuing the use of self-modeling. A second question for future research is to compare the relative effectiveness of self-modeling techniques and other-modeling techniques (the typical clinical techniques using peer or adult models, e.g., Bandura, Grusec & Menlove, 1967; Bandura, Blanchard, & Ritter, 1968) in modifying children's behaviors.

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